

Texas Circulation Management Association

COTY

2009 Carrier of the Year Application

Newspaper: _____

Circulation - Daily: _____

Sunday: _____

Applicant's Name: _____

Division / District / Zone: _____

Route#: _____

Classification (please choose one; circle, bold, or place an 'x' to the right):

Under 200 Subscribers: _____

Over 200 Subscribers: _____

Single Copy: _____

Contact Person: _____

Phone: _____

Application Due Date: **October 15, 2008**

Mail completed application to: **Mike Arnold, Corpus Christ-Caller Times, PO Box 9136, Corpus Christi, TX 78469 . Office 361 886 3669 . fax 361 887 9152 email arnoldm@caller.com**

TO BE COMPLETED BY THE NOMINATED CARRIER/DISTRIBUTOR:

Name: _____ **Age:** _____

Address: _____ **Phone:** _____

City: _____ **Zip Code:** _____

Date Started with Newspaper: _____

Approximate # of customers / locations / newspapers?

Daily: _____ **Sunday:** _____

Describe your delivery area (city / rural / apartments / businesses):

Annual service/complaint ratio (per every 1,000 papers delivered):

Circulation increase year over year:

Hobbies & Interests: What do you do when not delivering your route?

Major Accomplishments: What are you most proud of?

What is one of the most memorable experiences you've encountered while delivering your route? (scary, exciting, funny, embarrassing, etc.)

What is your secret to success or best advice to other newspaper carriers?

